

**Attachment C – Applicant Profile**



**Government of the District of Columbia  
Department of Behavioral Health (DBH)  
School Behavioral Health Services Comprehensive Expansion  
RMO SBH080924  
Applicant Profile**

**Please select each innovative focus that applies to the scope of strategies within your application: (Your application may require that you select more than one innovative focus strategy. Attachment H provides a description for each of the innovative focus strategies.**

- A. - Early Childhood Prevention with Linkage to Early Intervention and Treatment**
- B. - Multi-Tiered Services Across 12 Campuses of 1 LEA**
- C. - Multi-Tiered Services With Clinicians and Behavioral Health Prevention Specialist**
- D. - Multi-Tiered Services With 2 Schools Per Clinician**
- E. - Multi-Tiered Services In Schools Within Juvenile Justice Settings**

**Please select which competition you are applying to:**

- Competition #1:** New Community Based Organizations (FY25 New CBOs)
- Competition #2:** Returning Community Based Organizations (CBO has a fully executed FY24 Notice of Grant Award)

**Applicant Name:** \_\_\_\_\_

**Type of Organization:** \_\_\_Non-Profit Org. \_\_\_Commercial (For-Profit) Org. \_\_\_Religious Organization

**EIN/Federal Tax ID No.:** \_\_\_\_\_

**Primary Contact Person/Title:** \_\_\_\_\_

**Email/Phone Number:** \_\_\_\_\_

**Fiscal Contact Person/Title:** \_\_\_\_\_

**Email/Phone Number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State ZIP:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Ward:** \_\_\_\_\_ **Organization Website:** \_\_\_\_\_

**Name of Authorized Representative  
(Official Signatory):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

**Please complete RFA Abstract on next page**